

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit::
Sequence submission?::
Computer Readable Form
(CRF)?::
Title:: ARTICULATION NAVIGATION EQUIPMENT
FOR DENTAL SURGERY
Attorney Docket Number:: F-8487
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 22
Small Entity:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yasuo
Middle Name::
Family Name:: KOTSUCHIBASHI
City of Residence:: Yokohama-shi
State or Province of
Residence:: Kanagawa
Country of Residence:: Japan

Street of Mailing Address:: c/o Bear Dental Laboratory Co.,
Ltd.,
2-5-10 Shin-ishikawa, Aoba-ku

City of Mailing Address:: Yokohama-shi

State or Province of Mailing
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of
Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Takako

Middle Name::

Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi

State or Province of
Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Bear Dental Laboratory Co.,
Ltd.,
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State or Province of Mailing
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of
Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Sunao
Middle Name::
Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi
State or Province of Residence:: Kanagawa
Country of Residence:: Japan
Street of Mailing Address:: c/o Bear Dental Laboratory Co.,
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State or Province of Mailing Address:: Kanagawa
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Atsushi
Middle Name::
Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi

State or Province of
Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Bear Dental Laboratory Co.,
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City of Mailing Address:: Yokohama-shi

State or Province of Mailing
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of
Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Makoto

Middle Name::

Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi

State or Province of
Residence:: Kanagawa

Country of Residence:: Japan

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Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of
Mailing Address::

Correspondence Information

Correspondence Customer

Number:: 000028107

Representative Information

Representative Designation::	Registration number::	Name::
Primary	22,389	C. Bruce Hamburg

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2004/007539	05/26/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-197454	06/12/03	Yes
Japan	2004-088244	03/25/04	Yes
Japan	2004-098414	03/30/04	Yes